

## Foster Family Home - Corrective Action Report

Provider ID: 1-512261

Home Name: Trinidad Tumbaga, CNA

Review ID: 1-512261-4

91-993 Keoneae Place

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 8/21/2017

End Date: 8/21/17

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 8/21/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date